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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/682.569	10/10/2003	Akio Sumizawa	029267 52835US	1745

TITLE OF INVENTION: MAP DATA TRANSMITTING METHOD, MAP DATA TRANSMITTING APPARATUS, INFORMATION DEVICE AND MAP DATA TRANSMITTING SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/24/2006	
EXAMINER ART UNIT		ART UNIT	CLASS-SUBCLASS				
HARRISON, CHANTE E 2628		345-619000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. AASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment 10/25/2006 MAHKED2 (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Xanavi Informatics Corporation Zama-shi, Japan 37 FC:8601 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents at member a registered attorney or agent) and the names of up to 2 registered attorney or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignment 10/25/2006 MAHKED2 000000000000000000000000000000000000							
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Authorized Signature	<u> </u>	BU			ober 24, 2006		

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